



New Mexico

Department of Public Safety

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Written Request Form

Request can be made by:

Web site: www.dps.nm.gov

Email: DPS.IPRA@state.nm.us

Accident email: LERB.Accidents@state.nm.us

Fax: 505-827-3388

Mail: P.O. Box 1628, Santa Fe, NM 87504

Please print clearly

Today's Date _____

Type of Request (Please Check One): ___ Accident ___ Incident

Information

Accident / Incident Number _____ Type of Incident _____

Date of Accident / Incident _____ Location (County) _____

Name of Person(s) Involved _____

Date of Birth _____ Social Security # _____

Information being requested _____

Requestor Information

Please print clearly

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email address _____

Signature _____

**The cost for each incident report requested is \$1.00 for the 1st page, \$.25 for each additional page and \$6.75 per media disc. Accident reports are \$10.00. Requestor will receive an invoice within 15 days of placing request stating exact amount due when request is complete.